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Fill in this information to identify your c	ase:	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name		
Write the name that is government-issued pi identification (for exar your driver's license o	cture First Name	First Name
passport).	Middle Name	Middle Name
,	Scott	
Bring your picture identification to your n	Last Name neeting	Last Name
with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you		
have used in the last years	8 First Name	First Name
Include your married of	Middle Name or	Middle Name
maiden names.	Last Name	Last Name
3. Only the last 4 digits	of	
your Social Security	VVV VV 2 1 1	<u> </u>
number or federal Individual Taxpayer	OR	OR
Identification numbe (ITIN)	9xx - xx	9xx - xx

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Del	btor 1 Amanda		Case number (if known)		
	First Name	Middle Name Last Name			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers	✓ I have not used any business names or EIN	s. I have not used any business names or EINs.		
	(EIN) you have used in the last 8 years	Business name	Business name		
	Include trade names and	Business name	Business name		
	doing business as names	Business name	Business name		
		EIN	EIN		
		EIN	EIN		
5.	Where you live		If Debtor 2 lives at a different address:		
		2621 Kennedy Dr.			
		Number Street	Number Street		
		North Chicago IL 60064			
		City State ZIP Code	City State ZIP Code		
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
		Number Street	Number Street		
		P.O. Box	P.O. Box		
		City State ZIP Code	City State ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)		
Р	art 2: Tell the Cour	t About Your Bankruptcy Case			
7.	The chapter of the Bankruptcy Code you	Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top o	otice Required by 11 U.S.C. § 342(b) for Individuals Filing f page 1 and check the appropriate box.		
	are choosing to file under	Chapter 7			
		Chapter 11			
		Chapter 12			
		☐ Chapter 13			

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Deb	otor 1 Amanda		Scott Ca	ase nun	nber (if known)		
	First Name	Middle Name	Last Name		, , -		
8.	How you will pay the fee	cour pay	I pay the entire fee when I file my petition t for more details about how you may pay. with cash, cashier's check, or money order. alf, your attorney may pay with a credit card	Typical If you	ly, if you are pay rattorney is subr	ring the fee you mitting your pay	rself, you may
			ed to pay the fee in installments. If you clyiduals to Pay Your Filing Fee in Installmen			and attach the A	application for
		By la than fee i	quest that my fee be waived (You may recaw, a judge may, but is not required to, waive 150% of the official poverty line that applien installments). If you choose this option, you gree Waived (Official Form 103B) and file	e your to you ou mus	fee, and may do ur family size and st fill out the App	so only if your i	income is less e to pay the
9.	Have you filed for	□ No					
	bankruptcy within the last 8 years?	☑ ☑ Yes.					
		District L	ake County ND III, Ch.13 dismissed	When	MM / DD / YYYY	Case number	14-01425
		District _		When	MM / DD / YYYY	Case number	
		District _		When			
10.	Are any bankruptcy	☑ No					
	cases pending or being filed by a spouse who is	Yes.					
	not filing this case with you, or by a business	Debtor _			Relationsh	ip to you	
	partner, or by an affiliate?	District _		When	MM / DD / YYYY	Case number, if known	
		Debtor _			Relationsh	ip to you	
		District _		When	MM / DD / YYYY	Case number, if known	
11.	Do you rent your residence?	✓ No. ☐ Yes.	Go to line 12. Has your landlord obtained an eviction juresidence?	ıdgmen	t against you and	d do you want to	o stay in your
			No. Go to line 12. Yes. Fill out Initial Statement About and file it with this bankruptcy petitic		ction Judgment	Against You (Fo	orm 101A)

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Deb	tor 1	Amanda First Name	Middle N	lomo	Scott Last Name	Ca	ase number (if knov	wn)	
P	art 3:	•			sses You Own as a	a Sole Proprie	tor		
	Are you	u a sole proprietor full- or part-time ss?	<u></u>		Go to Part 4. Name and location of b	usiness			
	busines individu separat	oroprietorship is a as you operate as an al, and is not a e legal entity such as ration, partnership, or			Name of business, if any Number Street				
	sole pro	ave more than one oprietorship, use a e sheet and attach it etition.			Single Asset Rea Stockbroker (as of	ness (as defined in I Estate (as define defined in 11 U.S.C er (as defined in 11	n 11 U.S.C. § 101(2 d in 11 U.S.C. § 10 C. § 101(53A))	27A))	ZIP Code
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business		can mos	set ap		you indicate that you nent of operations,	ou are a small busi cash-flow stateme	ness debt nt, and fe	
	debtor	debtor?	abla	No.	I am not filing under C	hapter 11.			
		For a definition of small business debtor, see		No.	I am filing under Chap the Bankruptcy Code.	ter 11, but I am NC	OT a small business	s debtor a	ccording to the definition in
		C. § 101(51D).		Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I am a s	small business deb	tor accord	ling to the definition in the
Pa	art 4:	Report If You O	wn oi	r Hav	e Any Hazardous I	Property or An	y Property Tha	at Needs	s Immediate Attention
14.	propert alleged immine	own or have any ty that poses or is to pose a threat of ent and identifiable to public health or		No Yes.	What is the hazard?				
	safety? any pro	Or do you own operty that needs attention?			If immediate attention	is needed, why is i	t needed?		
	perisha livestoc	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number Street			
						City			ate ZIP Code

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Debtor 1 Amanda Scott Case number (if known) Last Name

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Yo	u must check one:
V	I received a briefing from an approved credit counseling agency within the 180 days before filed this bankruptcy petition, and I received a certificate of completion.
	Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

About Debtor 1:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days

for cause and is I	imited to a maximum of 15 days.				
☐ I am not required to receive a briefing about credit counseling because of:					
☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.				
☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or				

Active duty. I am currently on active military duty in a military combat zone.

through the internet, even after I

reasonably tried to do so.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to	receive a briefing a	bout
credit counseling be		

☐ Incapacity.	I have a mental illness or a mental
_	deficiency that makes me
	incapable of realizing or making
	rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1	Amanda		Scott		Case number (if	know	n)
		First Name	Middle N	lame Last Name				
P	art 6:	Answer These	Quest	ions for Reporting P	urpos	ses		
16.	What ki	ind of debts do you	16a	•	idual pr	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
			16b	•	r invest	iness debts? Business deb ment or through the operation		debts that you incurred to obtain e business or investment.
			16c	State the type of debts	you owe	e that are not consumer or bu	sines	s debts.
17.	Are you	u filing under r 7?	V	No. I am not filing under	er Chap	eter 7. Go to line 18.		
	any exe	estimate that after empt property is		•		•	-	xempt property is excluded and to distribute to unsecured creditors?
		strative expenses		☐ No				
	availab	d that funds will be le for distribution cured creditors?		Yes				
18.		any creditors do		1-49		1,000-5,000		25,001-50,000
	you est	imate that you		50-99 100-199 200-999		5,001-10,000 10,001-25,000		50,001-100,000 More than 100,000
19.		uch do you e your assets to		\$0-\$50,000 \$50,001,\$100,000		\$1,000,001-\$10 million		\$500,000,001-\$1 billion
	be wor	-		\$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you e your liabilities to		\$0-\$50,000 \$50,001-\$100,000		\$1,000,001-\$10 million \$10,000,001-\$50 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion
	be?			\$100,001-\$500,000 \$500,001-\$1 million		\$50,000,001-\$100 million \$100,000,001-\$500 million		\$10,000,000,001-\$50 billion More than \$50 billion

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Debtor 1	Amanda		Scott	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 7:	Sign Below				
For you		I have exami and correct.	ned this petition, and I dec	clare under penalty of perjury that the information provided is true	
			11, United States Code. I	, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, understand the relief available under each chapter, and I choose to	
		•	•	not pay or agree to pay someone who is not an attorney to help me and read the notice required by 11 U.S.C. § 342(b).	
		I request relie	ef in accordance with the c	chapter of title 11, United States Code, specified in this petition.	
		connection w	•	concealing property, or obtaining money or property by fraud in result in fines up to \$250,000, or imprisonment for up to 20 years, and 3571.	
		X /s/ Amar	nda Scott Scott, Debtor 1	XSignature of Debtor 2	_
			on 07/27/2016 MM / DD / YYYY	Executed on	

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Debtor 1	Amanda		Scott	Case number (if know	vn)
	First Name	Middle Name	Last Name		,
For your a represent	attorney, if you are ed by one	eligibility to p	roceed under Chapter 7,	in this petition, declare that I hav 11, 12, or 13 of title 11, United St which the person is eligible. I als	ates Code, and have explained the
If you are not represented by an attorney, you do not need to file this page.		the debtor(s)	the notice required by 11	U.S.C. § 342(b) and, in a case in	
			ort J. Adams & Associated of Attorney for Debtor	ates Date	• 07/27/2016 MM / DD / YYYY
			J. Adams & Associates	s	
		Printed no Robert	^{ame} J Adams & Associates	3	
		Firm Nam			
		Number	ackson Suite 202 Street		
		Chicago)	IL	60607
		City		State	ZIP Code
		Contact p	hone (312) 346-0100	Email address	
		0013056)		_
		Bar numb	er	State	

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G	ill in this inforn	nation to identify your ca	se:			
	Debtor 1	Amanda		Scott		
		First Name Mid	ldle Name	Last Name		
	Debtor 2	First Name AC	Lilla Nia a a	Last Name		
1	(Spouse, if filing)		Idle Name	Last Name		
	Case number	nkruptcy Court for the: NORT	HERN DISTRICT C	OF ILLINOIS		
	(if known)					Check if this is an amended filing
<u>O</u> 1	fficial Form 10)3A				
A	oplication for	Individuals to Pay t	he Filing Fee i	n Installments		12/15
su	pplying correct in	I accurate as possible. If two information. Ty Your Proposed Paymen		are filing together, k	ooth are equally resp	onsible for
_	ороси	y rour reposeur aymo	······································			
1.	Which chapter you choosing t	of the Bankruptcy Code are o file under?	Chapter Chapter Chapter Chapter	· 11 · 12		
2.	You may apply to pay the filing fee in four installments. Fill in the amounts propose to pay and the dates you pla pay them. Be sure all dates are busing		You propos	<u></u> ₩ith	the filing of the petition to before this date	
	days. Then add the payments you to pay.	d the payments you propos	e		fore this date	MM / DD / YYYY
	You must propose to pay the entire fee no later than 120 days after you file this			On or be	fore this date	MM / DD / YYYY
	bankruptcy case. If the court approve application, the court will set your fina	e. If the court approves your court will set your final		On or he	fore this date	MM / DD / YYYY
	payment timetab	ole.	·		ioro uno dato	··· MM / DD / YYYY
		Tota	\$0.0		total must equal the er	ntire fee for the
P	art 2: Sign E	Below		,		
	signing here, yo d that you unders	u state that you are unable stand that:	to pay the full filing	g fee at once, that y	ou want to pay the fe	e in installments,
•		your entire filing fee before yo ition preparer, or anyone else				n attorney,
•		the entire fee no later than 12 r debts will not be discharged			unless the court later e	xtends your
•		ake any payment when it is doceedings may be affected.	ue, your bankruptcy	case may be dismis	sed, and your rights in	other
Х	/s/ Amanda Sco	ott X			X /s/ Robert J. Ada	ıms & Associates
_	manda Scott, Deb	otor 1 Sig	nature of Debtor 2		Robert J. Adams & Your attorney's name you used one	Associates
D	ate: 07/27/2016	Da	te:		Date: 07/27/2016	
	MM / DD / YY		MM / DD / YYYY	_	MM / DD / YYY	Y

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Debtor 1	Amanda		Scott	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for	r the: NORTHERN DISTRIC	T OF ILLINOIS	
Case number _				
(if known)				
Chapter filing und	ler:		Chapter 7	
			☐ Chapter 11 ☐ Chapter 12	
			☐ Chapter 12	
			<u> </u>	
Order Approvi	ng Payment	of Filing Fee in Inst	allments	
fter considering the	Application for Ir	ndividuals to Pay the Filing Fe	ee in Installments (Official Forn	m 103A), the court orders that:
The debtor(s) m	ay pay the filing f	ee in installments on the tern	ns proposed in the application	
The debtor(s) m	ust pay the filing	fee according to the following	ı terms:	
	9		,	
You	ı must pay	On or before this date.		
<u></u>	····aot pay	on or bororo and actor	<u></u>	
		Month / day / year		
		Month / day / year		
		Month / day / year		
		, ,		
+		Month / day / year		
		World / day / your		
Total				
	paid in full, the de		dditional payment or transfer a	any additional property to an
		s in connection with this case		
Until the filing fee is pattorney or to anyone		s in connection with this case		
		s in connection with this case By the court:	•	

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Fill in this i	nformation to ide	entify your case	and this filing:		
Debtor 1	Amanda		Scott		
500.0.	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filin	ng) First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for	the: NORTHERN D	SISTRICT OF ILLINOIS		
Case number	Julius 200		10111.5.5.1.	_	
(if known)				—	if this is an led filing
Official For					
	A/B: Property				12/15
the asset in the filing together, sheet to this for	e category where you both are equally res rm. On the top of an	uthink it fits best. B ponsible for supplyi y additional pages,	ist an asset only once. If an asset as complete and accurate as ping correct information. If more write your name and case numbing, Land, or Other Real Es	possible. If two married pe space is needed, attach a s per (if known). Answer eve	eople are separate ry question.
✓ No. G Yes. \	Go to Part 2. Where is the property	?	t in any residence, building, land		
	•	•	of your entries from Part 1, incluite that number here	_	\$0.00
Part 2:	Describe Your Ve	hicles			
-		•	n any vehicles, whether they are also report it on Schedule G: Exec	_	•
3. Cars, vans	s, trucks, tractors, sp	ort utility vehicles,	motorcycles		
□ No ☑ Yes					
3.1. Make:	Chevy	Who has a	an interest in the property?	Do not deduct secured clair amount of any secured clair	
Model:	Impal		or 1 only	Creditors Who Have Claim	
Year:	2010		or 2 only	Current value of the	Current value of the
Approximate mil	eage:	_	or 1 and Debtor 2 only set one of the debtors and another	entire property? \$7,000.00	portion you own? \$7,000.00
Other informatio	n:			φτ,000.00	φ1,000.00
2010 Chevy In	npala		k if this is community property nstructions)		
		nes, ATVs and other	recreational vehicles, other vehicles, in some vehicles, movembles, movembles		
✓ No ☐ Yes	, ,			,	
	•	-	of your entries from Part 2, incluite that number here		\$7,000.00

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Deb	tor 1	Amanda	Middle Name	Scott	Case number (if known)	
		First Name	Middle Name	Last Name		
P	art 3:	Describe Yo	our Personal and	Household Items		
Do	you own	or have any leg	al or equitable intere	est in any of the following	items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		nold goods and f es: Major appliar	turnishings nces, furniture, linens,	china, kitchenware		
	☐ No ✓ Yes	. Describe u	sed furniture, 2 BF	₹ and LR and DR		\$300.00
7.	Electro Example	es: Televisions a			oment; computers, printers, scanners; ameras, media players, games	
	✓ No ☐ Yes	s. Describe				
8.		•		prints, or other artwork; boo ctions; other collections, m	oks, pictures, or other art objects; emorabilia, collectibles	
	✓ No ☐ Yes	s. Describe				
9.			ographic, exercise, and	d other hobby equipment; l s; musical instruments	picycles, pool tables, golf clubs, skis;	
	✓ No ☐ Yes	s. Describe				
10.	Firearm Example		, shotguns, ammunitic	on, and related equipment		
	✓ No ☐ Yes	s. Describe				
11.	Clothes Example	=	thes, furs, leather coa	ats, designer wear, shoes, a	accessories	
	☐ No ✓ Yes	s. Describe c	lothing			\$400.00
12.	Jewelry Example		elry, costume jewelry	, engagement rings, weddi	ng rings, heirloom jewelry, watches, gems,	
	✓ No ☐ Yes	s. Describe				
13.		m animals es: Dogs, cats, b	virds, horses			
	✓ No ☐ Yes	s. Describe				
14.	Any oth	•	l household items yo	ou did not already list, inc	luding any health aids you	
	_	s. Give specific				
15.			all of your entries fro	om Part 3, including any	entries for pages you have	\$700.00

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Deb	tor 1	Amanda		Scott	Case number (if known)	
		First Name	Middle Name	Last Name		
P	art 4:	Describe Yo	our Financial Ass	sets		
Do	you owr	n or have any lega	al or equitable intere	st in any of the follow	ing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examp	les: Money you ha	ave in your wallet, in y	our home, in a safe de	posit box, and on hand when you file your	
	□ No				Cash:	\$75.00
					Casti.	\$75.00
17.	-	-	uses, and other simila		s of deposit; shares in credit unions, we multiple accounts with the same	
	□ No ✓ Ye	S	Institutio	on name:		
	17	7.1. Checking ac	ccount: Consu	mer Credit CU		\$25.00
18.	<i>Examp</i> ✓ No	les: Bond funds, in	r publicly traded stornvestment accounts v	vith brokerage firms, m	oney market accounts	
19.	_				corporated businesses, including	
			artnership, and joint	venture		
	info	s. Give specific ormation about	Name of entity:		% of ownership:	
20.	Govern Negotia	nment and corpor able instruments in	rate bonds and other aclude personal check	s, cashiers' checks, pr	negotiable instruments omissory notes, and money orders. e by signing or delivering them.	
	info	s. Give specific ormation about	Issuer name:			
21.		ment or pension a les: Interests in IR profit-sharing	A, ERISA, Keogh, 40	1(k), 403(b), thrift savir	ngs accounts, or other pension or	
		s. List each	Type of account:	Institution name:		
22.	Your sh Examp		deposits you have ma		ntinue service or use from a company ectric, gas, water), telecommunications	
	✓ No	s		Institution name or ind	ividual:	
23.	Annuit No	ies (A contract fo	r a specific periodic p	ayment of money to yo	u, either for life or for a number of years)	
24	_		Issuer name and o		rogram, or under a qualified state tuition pr	ogram
<u>-</u> -7.	26 U.S	.C. §§ 530(b)(1), 5	29A(b), and 529(b)(1)		. og. am, or ander a quantied state tuition pr	-g.u
	✓ No		Institution name a	nd description. Separa	tely file the records of any interests. 11 U.S.C	. § 521(c)

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Debt			cott	Case number (if known)			
	First Name	Middle Name La	st Name				
25.	Trusts, equitable or future powers exercisable for y	re interests in property (ot our benefit	her than anything listed	in line 1), and rights or			
	✓ No						
	Yes. Give specific information about ther	m					
26.	Examples: Internet domai	lemarks, trade secrets, and in names, websites, proceed					
	NoYes. Give specific information about ther	m					
27.		d other general intangible		gs, liquor licenses, professio	onal licen	ses	
	✓ No✓ Yes. Give specific information about there						
Won	ey or property owed to y	ou?				Current value of portion you own Do not deduct se claims or exempt	n? cured
28.	Tax refunds owed to you	1					
	☑ No						
	Yes. Give specific inf about them, including				Federal	:	\$0.00
	you already filed the re	eturns			State:		\$0.00
	and the tax years				Local:		\$0.00
29.	Family support						
	•	mp sum alimony, spousal su	upport, child support, main	tenance, divorce settlement	, property	y settlement	
	✓ No Yes. Give specific inf	ormation		Alimony:			\$0.00
				Maintenan	ce:		\$0.00
				Support:		;	\$0.00
				Divorce se	ettlement:	:	\$0.00
				Property s			\$0.00
30.		-	•	k pay, vacation pay, workers			φοισσ
	✓ No✓ Yes. Give specific inf	ormation					
31.	Interests in insurance po		savings account (HSA); c	redit, homeowner's, or renter	r's insura	nce	
	☑ No						
	Yes. Name the insura company of each police	су		Day of stone	0		
00	and list its value	, ,	and the second second	Beneficiary:	Su	irrender or refund	value:
	If you are the beneficiary of	that is due you from some of a living trust, expect proces because someone has die	eeds from a life insurance	policy, or are currently			
	✓ No✓ Yes. Give specific inf	ormation					

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Deb	-	Amanda First Name	Middle Name	Scott Last Name	Case number (if known)	
33.		-		you have filed a lawsu surance claims, or righ	uit or made a demand for payment ts to sue	
	✓ No ☐ Yes.	Describe each	claim			
34.		ontingent and ur set off claims	nliquidated claims of	every nature, includir	ng counterclaims of the debtor and	
	✓ No ☐ Yes.	Describe each	claim			
35.	Any fina	ncial assets you	u did not already list			
	✓ No ☐ Yes.	Give specific in	formation			
36.	Add the attached	dollar value of a I for Part 4. Wri	all of your entries from	m Part 4, including an	y entries for pages you have	\$100.00
Pa	art 5: D	escribe Any	Business-Relate	d Property You O	wn or Have an Interest In. List any	real estate in Part 1.
37.	Do you o	own or have any	/ legal or equitable in	terest in any busines	s-related property?	
		Go to Part 6. Go to line 38.				
	_					Current value of the
						portion you own? Do not deduct secured claims or exemptions.
38.	Account	s receivable or	commissions you alr	eady earned		ciains of exemptions.
	✓ No ☐ Yes.	Describe				
39.		s: Business-rela	shings, and supplies ated computers, softwa , electronic devices	re, modems, printers, o	copiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes.	Describe				
40.	Machine	ry, fixtures, equ	ıipment, supplies yοι	ı use in business, and	I tools of your trade	
	✓ No ☐ Yes.	Describe				
41.	Inventor	у				
	✓ No ☐ Yes.	Describe				
42.	Interests	in partnership	s or joint ventures			
	✓ No ☐ Yes.	Describe N	ame of entity:		% of ownership:	
43.	Custome	er lists, mailing	lists, or other compil	ations		
	✓ No ☐ Yes.	Do your lists in		ntifiable information	(as defined in 11 U.S.C. § 101(41A))?	

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Deb		nanda t Name	Middle Name	Scott Last Name	Case number (if known)	
44.	Any busine	ess-related prope	erty you did not al			
	✓ No ☐ Yes. G	ive specific inforr	nation.			
45.					ny entries for pages you have	\$0.00
Pa				nercial Fishing-R armland, list it in P	elated Property You Own or Have a art 1.	n Interest In.
46.	Do you ow	n or have any le	gal or equitable in	terest in any farm- o	r commercial fishing-related property?	
	✓ No. Go ☐ Yes. G	o to Part 7. o to line 47.				
						Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm anima Examples:		y, farm-raised fish			
	✓ No ☐ Yes					
48.	Cropseith	er growing or h	arvested			
	_	ive specific				
49.	Farm and fi	ishing equipmer	ոt, implements, ma	achinery, fixtures, an	d tools of trade	
	✓ No ☐ Yes					
50.	Farm and fi	ishing supplies,	chemicals, and fe	ed		
	✓ No ☐ Yes					
51.	Any farm- a	and commercial	fishing-related pre	operty you did not al	ready list	
		ive specific				
52.					ny entries for pages you have 	\$0.00
Pa	art 7: Des	scribe All Pro	perty You Owr	n or Have an Inter	rest in That You Did Not List Above	
53.	-		y of any kind you o	did not already list? ership		
	✓ No ☐ Yes. G	ive specific inforr	nation.			
54	Add the de	llar value of all (of your entries fro	m Part 7 Write that r	number here	\$0.00

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Debtor 1	Amanda	Scott	Case nu	mber (if known)		
Part 8:	First Name Middle Name List the Totals of Each Part of	Last Name this Form				
55. Part 1	: Total real estate, line 2				>	\$0.00
56. Part 2	2: Total vehicles, line 5		\$7,000.00			
57. Part 3	: Total personal and household items,	line 15	\$700.00			
58. Part 4	: Total financial assets, line 36		\$100.00			
59. Part 5	: Total business-related property, line	45	\$0.00			
60. Part 6	i: Total farm- and fishing-related prope	rty, line 52	\$0.00			
61. Part 7	7: Total other property not listed, line 54	+	\$0.00			
62. Total	personal property. Add lines 56 throug	gh 61	\$7,800.00	Copy personal property total	+	\$7,800.00
63. Total	of all property on Schedule A/B. Add	I line 55 + line 62				\$7,800.00

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Fill in this inf	ormation to id	lentify your	case:			
Debtor 1	Amanda		Scott			
	First Name	Middle Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	e Last Name			
_ · ·		the: NORTHE	RN DISTRICT OF I	LLIN	iois	Check if this is an
Case number (if known)						Check if this is an amended filing
Official Form	106C					
Schedule C	The Prope	rty You Cl	aim as Exemp	ot		04/16
Using the property	you listed on <i>Sch</i> ill out and attach to	edule A/B: Prop this page as m	erty (Official Form 10	6A/B)	as your source, list th	esponsible for supplying correct information. e property that you claim as exempt. If more essary. On the top of any additional pages,
is to state a speci exempted up to the receive certain be exemption of 1000	fic dollar amount ne amount of any nefits, and tax-ex % of fair market v	as exempt. Al applicable stat tempt retirementalue under a la	ternatively, you may tutory limit. Some ex nt fundsmay be unl w that limits the exe	claii cemp imite mpti	m the full fair market itionssuch as those ed in dollar amount. I	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the le statutory amount.
Part 1: Ide	entify the Prop	erty You Cla	aim as Exempt			
1. Which set of	exemptions are y	ou claiming?	Check one only,	even	if your spouse is filing	with you.
سخا	claiming state and claiming federal ex		kruptcy exemptions. J.S.C. § 522(b)(2)	11 U	.S.C. § 522(b)(3)	
2. For any prop	erty you list on S	chedule A/B th	at you claim as exer	npt, i	fill in the information	below.
Brief description Schedule A/B that	of the property ar	nd line on	Current value of the portion you own	Am	ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description:			\$7,000.00	$\overline{\mathbf{Q}}$	\$0.00	735 ILCS 5/12-1001(c)
2010 Chevy Imp	ala				100% of fair market	
Line from Schedule	e A/B: 3.1				value, up to any applicable statutory limit	
Brief description:			\$300.00		\$300.00	735 ILCS 5/12-1001(b)
used furniture, 2 Line from Schedule		d DR			100% of fair market value, up to any applicable statutory	
					limit	
-	_	-	more than \$160,375°		led on or after the date	of adjustment.)
☑ No	I you acquire the p				,215 days before you f	,

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Debtor 1	Amanda		Scott	Case number (if known)				
Part 2:	First Name Additional Pa	Middle Name	Last Name					
Brief description of the property and line on Schedule A/B that lists this property			Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption		
			Copy the value from Schedule A/B		ck only one box for n exemption			
Brief descrip clothing Line from So	otion: chedule A/B: 11	_	\$400.00		\$400.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a), (e)		
Brief descrip cash Line from Sc	otion: chedule A/B:16		\$75.00		\$75.00 100% of fair market value, up to any applicable statutory	735 ILCS 5/12-1001(b)		
					limit			
	otion: Credit CU Chedule A/B: 17.1	<u>i </u>	\$25.00		\$25.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)		

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Fill in this info	ormation to ide	entify your case	:				
Debtor 1	Amanda		Scott				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court for the	he: NORTHERN D	ISTRICT OF ILLINO	IS			
Case number					☐ Check if this is	s an	
(if known)					amended filing	j	
Official Form	106D						
Schedule D:	Creditors W	Tho Have Cla	ims Secured b	y Property		12/15	
On the top of any and any credit □ No. Chec □ Yes. Fill	additional pages, v	write your name an ecured by your promit this form to the cation below.	d case number (if kno	wn).	es, and attach it to thi		
creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the Do n				Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1			property that	¢42.000.00	¢7,000,00	¢ E 000 00	
Bridgecrest Fori	mark Drivatima	secures the	claim:	\$12,000.00	\$7,000.00	\$5,000.00	
Creditor's name PO BOX 29018 Number Street	meny brivetime	2010 Chevy 	•				
Debtor 1 only Debtor 2 only Debtor 1 and D At least one of Check if this c	State ZIP Code Who owes the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Auto loan						

Add the dollar value of your entries in Column A on this page. Write that number here:

\$12,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$12,000.00

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Fill in this inf	ormation to id	entify your c	ase:			
Debtor 1	Amanda		Scott			
	First Name	Middle Name	Last Name			
Debtor 2				.		
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for	the: NORTHER	RN DISTRICT OF ILLINOIS			
Case number (if known)					Check if this is a amended filing	an
Official Form	106E/F					
Schedule E/	F: Creditors	s Who Have	e Unsecured Claims			12/15
Do not include an If more space is n to this page. On t	y creditors with peeded, copy the he top of any add	partially secured Part you need, fi litional pages, w	and on Schedule G: Executory Co I claims that are listed in Schedul ill it out, number the entries in the vrite your name and case number secured Claims	e D: Creditors Who He boxes on the left. A	old Claims Secur	ed by Property.
	tors have priority					
n. Do any credit		unsecureu cian	ins against you!			
☐ No. Got	.0 Fait 2.					
claim. For ear show both price more space is	ch claim listed, ide ority and nonpriorit	entify what type of ty amounts. As m y unsecured clair	creditor has more than one priority f claim it is. If a claim has both prionuch as possible, list the claims in ams, fill out the Continuation Page of	rity and nonpriority amalphabetical order acco	ounts, list that clain	m here and or's name. If
(For an explar	nation of each type	e of claim, see the	e instructions for this form in the ins	struction booklet.		
				Total claim	Priority amount	Nonpriority amount
2.1				\$6,500.00	\$0.00	\$6,500.00
Internal Revenu			- Last 4 digits of account number			
Priority Creditor's Nam PO Box 7346	e		•			
Number Street			When was the debt incurred?	2009, 11		
			As of the date you file, the clain	is: Check all that app	ly.	
			Contingent			
Philadelphia		19101-7346	☐ Unliquidated - ☐ Disputed			
City		ZIP Code	-	alm.		
Who incurred the Debtor 1 only	debt? Check o	ne.	Type of PRIORITY unsecured cl Domestic support obligations	aım:		
Debtor 2 only			Taxes and certain other debts	you owe the governm	ent	
Debtor 1 and D	,	nothor	Claims for death or personal	njury while you were		
<u> </u>	the debtors and a		intoxicated Other. Specify			
Is the claim subje		ainty debt	LI Other. Specify			
✓ No						
Yes						

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Debtor 1	Amanda			,	Scott	Case	number (if known	1)	
	First Name		Middle Name	l	Last Name		,	,	
Part 1:	Your PRI	ORITY	Unsecured (Clain	ns Continuation Page)			
After listin	•	on this p	age, number the	em se	equentially from the		Total claim	Priority amount	Nonpriority amount
2.2						_	\$3,500.00	\$3,500.00	\$0.00
Robert J. Adams & Associates Priority Creditor's Name 901 W. Jackson, Suite 202 Number Street				ast 4 digits of account number		 27/2016			
			As of the date you file, the claim is: Check all that apply. Contingent Unliquidated						
Chicago City		IL State	60607 ZIP Code	-	Disputed				
Who incur	red the debt?	Check	one.	Ty	ype of PRIORITY unsecured	claim:			
Debtor Debtor At leas Check	1 only 2 only 1 and Debtor 2 St one of the debt if this claim is m subject to off	tors and		Domestic support obligations Taxes and certain other debts yo Claims for death or personal inju intoxicated			•	ent	
Yes									

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Debtor 1	Amanda		Scott	Case number (if known)	
	First Name	Middle Name	Last Name		
B 0	Line Aller CN	. NONDDIODIO	TV 11 1 Ob. !		
Part 2:	LIST All Of Y	our NONPRIORI	TY Unsecured Clai	ms	
3. Do ar	ny creditors have r	nonpriority unsecure	d claims against you?		
П '	No. You have nothi	ng to report in this pa	rt. Submit this form to th	e court with you other schedules.	
☑ ′	Yes				
4. List a	all of your nonprior	ity unsecured claim	s in the alphabetical or	der of the creditor who holds each claim.	
				ditor separately for each claim. For each claim liste than one creditor holds a particular claim, list the c	•
		•		ut the Continuation Page of Part 2.	other creditors in
				•	
					Total claim
4.1					\$310.00
	Agency, Inc.		Last 4 digits of acco	ount number	φ510.00
Nonpriority C	Creditor's Name	206	When was the debt		
Number	/alley View, Ste. Street	206	As of the date you f	ile, the claim is: Check all that apply.	
			Contingent		
			Unliquidated Disputed		
Las Vega		IV 89102 tate ZIP Code		1 	
•		heck one.	Type of NONPRIOR Student loans	ITY unsecured claim:	
<u> </u>	r 1 only			ng out of a separation agreement or divorce	
ш	r 2 only r 1 and Debtor 2 onl	lv	that you did not	report as priority claims	
_	st one of the debtors	•	☐ Debts to pension ☐ Other. Specify	n or profit-sharing plans, and other similar debts	
_ Check	cif this claim is for	a community debt	Collecting for	-	
	m subject to offset	?	_		
✓ No ☐ Yes					
Yes					
4.2					\$3,025.00
	ystems Co. Creditor's Name		Last 4 digits of acc		
	fer Dr., Ste. 1		When was the debt		
Number	Street		As of the date you f	ile, the claim is: Check all that apply.	
			Unliquidated		
Zion	II	_ 60099	Disputed		
City	S	tate ZIP Code	Type of NONPRIOR	ITY unsecured claim:	
- 5.1	r red the debt? C r 1 only	heck one.	Student loans		
سنا	r 2 only			ng out of a separation agreement or divorce report as priority claims	
	r 1 and Debtor 2 on		-	or profit-sharing plans, and other similar debts	
_	st one of the debtors		Other. Specify	,	
_		a community debt	Collecting for	-	
No No	m subject to offset	i f			
Yes					

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Debtor 1	Amanda		Scott Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NONP	RIORITY Unsecu	red Claims Continuation Page	
After listir	•	his page, number the	m sequentially from the	Total claim
4.3				\$1,934.00
Buckingl	nam Managemen	ıt	Last 4 digits of account number 1 2 8 8	
	Creditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
			Disputed	
City		tate ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? C r 1 only	heck one.	Student loans	
<u> </u>	r 2 only		Obligations arising out of a separation agreement or divorce	
	r 1 and Debtor 2 onl	у	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At leas	st one of the debtors		Other. Specify	
☐ Check	if this claim is for	a community debt	Judgment	
	m subject to offset	?		
✓ No				
Yes				
4.4				\$1,530.00
Byron Fe	etter		Last 4 digits of account number M 5 6 7	
Nonpriority C	Creditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			Unliquidated	
			─	
City		tate ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? C r 1 only	heck one.	Student loans	
كا	r 2 only		Obligations arising out of a separation agreement or divorce	
Debto	r 1 and Debtor 2 onl	•	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
☐ At leas	st one of the debtors	s and another	Other. Specify	
☐ Check	if this claim is for	a community debt	Judgment	
	m subject to offset	?		
✓ No ☐ Yes				
4.5				\$69.00
	Services		Last 4 digits of account number	
	Creditor's Name shington St. Ste.	2	When was the debt incurred?	
Number	Street	_	As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			☐ Unliquidated ☐ ☐ Disputed	
Waukega				
City		tate ZIP Code	Type of NONPRIORITY unsecured claim:	
	r 1 only	heck one.	Student loans	
	r 2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debto	r 1 and Debtor 2 onl	•	Debts to pension or profit-sharing plans, and other similar debts	
☐ At leas	st one of the debtors	s and another	Other. Specify	
_		a community debt	Collecting for -	
	m subject to offset	?		
✓ No ☐ Yes				
1 63				

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Debtor 1	Amanda	ACT III AT	Scott Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continuation Page	
After listing		on this page, number the	em sequentially from the	Total claim
4.6				\$6,702.00
Chicago A	cceptance L	.LC	Last 4 digits of account number	<u> </u>
Nonpriority Cr	editor's Name estern Ave		When was the debt incurred?	
	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			☐ Unliquidated ☐ Disputed	
Chicago		IL 60659		
City Who incurr	ed the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
Debtor		Official official	Student loans Chligations origing out of a congretion agreement or diverse	
Debtor	2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	1 and Debtor 2	,	Debts to pension or profit-sharing plans, and other similar debts	
		otors and another	Other. Specify	
ш		for a community debt	Auto Ioan	
No No	subject to of	rset?		
☐ Yes				
4.7				\$200.00
City of Wa			Last 4 digits of account number	
PO Box 4			When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			— Disputed	
Wheeling City		IL 60090 State ZIP Code	Type of NONDRIGHTY upgestred eleims	
-	ed the debt?	Check one.	Type of NONPRIORITY unsecured claim: Student loans	
☑ Debtor	.*		Obligations arising out of a separation agreement or divorce	
☐ Debtor	2 only 1 and Debtor 2	only	that you did not report as priority claims	
ш.		otors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check	if this claim is	for a community debt	✓ Other. Specify parking tickets-non dischargeable	
Is the claim	subject to of	fset?	parining decision and an agent general	
☑ No				
☐ Yes				
4.8				\$615.00
ComEd			Last 4 digits of account number	Ψοτοίου
Nonpriority Cr			When was the debt incurred?	
PO Box 61	I11 Street		As of the date you file, the claim is: Check all that apply.	
			☐ Contingent	
			Unliquidated	
Carol Stre	am	IL 60197	Disputed	
City	ad tha daht?	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor	ed the debt? 1 only	Check one.	Student loans	
Debtor	2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor	1 and Debtor 2		Debts to pension or profit-sharing plans, and other similar debts	
		otors and another	Other. Specify	
_		for a community debt	Utility	
Is the claim No	subject to of	rset?		
✓ Yes				

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Debtor 1 Amanda	Scott Case number (if known)	
First Name Middle Name	Last Name	
Part 2: Your NONPRIORITY Uns	ecured Claims Continuation Page	
After listing any entries on this page, numbe previous page.	r them sequentially from the	Total claim
4.9		\$489.00
LI DIRECT TV	Last 4 digits of account number	Ψ-100.00
Nonpriority Creditor's Name	When was the debt incurred?	
P.O Box 6414 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
Carol Stream IL 60197		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community de	Other. Specify Utility Utility	
Is the claim subject to offset?	Othity	
✓ No		
Yes		
4.10		¢2 066 00
L	Last 4 digits of account number	\$2,866.80
Nonpriority Creditor's Name	When was the debt incurred?	
2700 Ogden Avenue Number Street	As of the date you file, the claim is: Check all that apply.	
- Clost	Contingent	
	Unliquidated	
Downers Grove IL 60515	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ✓ Debtor 1 only	☐ Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community de	Other	
Is the claim subject to offset? ✓ No		
Yes		
4 11		
4.11	Lock & divide of concerns where	\$1,280.00
Northwest Collectors Inc. Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred?	
3601 Algonquin Rd. Ste. 500		
Number Street	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
Rolling Meadows IL 60008-31	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ☐ Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community de		
Is the claim subject to offset?		
☑ No □ Yes		

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Debtor 1 Amanda	Scott Case number (if known)	
First Name Middle Nam	e Last Name	
Part 2: Your NONPRIORITY Un	secured Claims Continuation Page	
After listing any entries on this page, numl previous page.	per them sequentially from the	Total claim
4.12		\$500.00
PNC Bank	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
1802 Belveder St. Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Waukegan IL 60085	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community		
Is the claim subject to offset?		
No Voc		
Yes		
4.13		\$779.00
Recovery Management Service	Last 4 digits of account number	*******
Nonpriority Creditor's Name	When was the debt incurred?	
4200 Cantera Dr #211 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	Unliquidated	
Warrenville IL 60555	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community	Other. Specify debt Collecting for -	
Is the claim subject to offset?	Concorning for	
✓ No		
Yes		
4.14		\$10,343.00
Santander Consumer Nonpriority Creditor's Name	Last 4 digits of account number	
P.O Box 105255	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	—— Disputed	
Atlanta GA 30348-5	5255	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	 Student loans Obligations arising out of a separation agreement or divorce 	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community	debt Auto Ioan	
Is the claim subject to offset? No		
☑ No □ Yes		

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First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims Continuation Page After listing any entries on this page, number them sequentially from the previous page. 4.15 SW Credit Systems Nonpriority Creditor's Name 4120 International PKYSTE 1100 Number Street When was the debt incurred? As of the date you file, the claim is: Check all that apply. Carrollton TX 75007 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
After listing any entries on this page, number them sequentially from the previous page. 4.15 SW Credit Systems Nonpriority Creditor's Name 4120 International PKYSTE 1100 Number Street Carrollton TX 75007 City State ZIP Code Unliquidated Disputed Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another. Total claim \$615.00 Total claim \$615.00 Type of NONPRIORITY unsecured? Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
After listing any entries on this page, number them sequentially from the previous page. 4.15 SW Credit Systems Nonpriority Creditor's Name 4120 International PKYSTE 1100 Number Street Carrollton TX 75007 City State ZIP Code Unliquidated Disputed Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another. Total claim \$615.00 Total claim \$615.00 Type of NONPRIORITY unsecured? Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
Total claim At 15
Total claim 4.15
SW Credit Systems Nonpriority Creditor's Name 4120 International PKYSTE 1100 Number Street Carrollton TX 75007 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts \$615.00 \$615.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
SW Credit Systems Nonpriority Creditor's Name 4120 International PKYSTE 1100
Nonpriority Creditor's Name 4120 International PKYSTE 1100 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another. When was the debt incurred? As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
As of the date you file, the claim is: Check all that apply. Carrollton TX 75007 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another. When was the debt incurred? As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
As of the date you file, the claim is: Check all that apply. Carrollton TX 75007 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another. As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
Carrollton TX 75007 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another. ✓ Debts to pension or profit-sharing plans, and other similar debts
Carrollton TX 75007 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 priority claims Debtor 4 pension or profit-sharing plans, and other similar debts
Carrollton TX 75007 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another. Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only ✓ At least one of the debtors and another. ✓ Debt to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured claim: ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another. ☐ Check one. ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts
Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts
Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts
At least one of the debtors and another
1 1 / 11 10 10 0 11 11 10 10 0 10 10 10 10 10
☐ Check if this claim is for a community debt Collecting for -
Is the claim subject to offset?
✓ No
Yes
4.16 \$32,560.00
US Department of Education Last 4 digits of account number
Nonpriority Creditor's Name 2401 International When was the debt incurred?
Number Street As of the date you file, the claim is: Check all that apply.
PO Box 7859 Contingent
Unliquidated
Madison WI 53704 Disputed
City State ZIP Code Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one.
Depoter 1 only
Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only
At least one of the debtors and another
Check if this claim is for a community debt
Is the claim subject to offset?
No No
Yes

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Debtor 1	or 1 Amanda		Scott	Case number (if known)	
	First Name	Middle Name	Last Name		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
Hom Fait i	6b. Taxes and certain other debts you owe the government		6b.	\$6,500.00
	6c.	Claims for death or personal injury while you were intoxicated		\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. +	\$3,500.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$10,000.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$32,560.00
	6g.	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$31,257.80
	6j.	Total. Add lines 6f through 6i.	6j.	\$63,817.80

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Fill in this inf	ormation to ide						
Debtor 1	Amanda		Scott				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS							
Case number					Check if this is an		
(if known)					amended filing		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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					_		
Fil	in this info	ormation to iden	tify your case:				
Deb	otor 1	Amanda		Scott			
		First Name	Middle Name	Last Name			
	otor 2	First Name	Middle News	Loot Nove o			
(Sp	ouse, if filing)	First Name	Middle Name	Last Name			
Uni	ted States Bar	kruptcy Court for the	: NORTHERN DIS	TRICT OF ILLINOIS			
	se number nown)					Check if this is an amended filing	
	cial Form						
Sch	nedule H:	Your Codebt	ors				12/1
need page 1.	ed, copy the A	Additional Page, fill of any Additional Pa	it out, and number t ges, write your nam	sponsible for supplying co he entries in the boxes on the and case number (if kno case, do not list either spous	the left. Attach the A wn). Answer every c	Additional Page to this	
		a, California, Idaho, L		y property state or territory ew Mexico, Puerto Rico, Tex		•	
	لــنا	your spouse, former	spouse, or legal equi	valent live with you at the tir	me?		
3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.							
	0.11	v			0 / 0 = 1		

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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j	-ill in this inform	ation to identify	your case:					
	Debtor 1	Amanda		Scott				
		First Name	Middle Name	Last Name			— Che	eck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			_ _	An amended filing
	· · · · · · · · · · · · · · · · · · ·	into Court for the	NORTHERN	DISTRICT OF IL	LINC	NC		A supplement showing postpetition
	United States Bankru	ipicy Count for the:	NONTHERN	DISTRICT OF IL	LIIV	<i>,</i>	-	chapter 13 income as of the following date
	Case number (if known)				_			MM / DD / YYYY
<u>O</u>	fficial Form 10	<u>6I</u>						
S	chedule Ι: Υοι	ır Income						12/15
res ind ab yo	sponsible for supply clude information ab out your spouse. If our name and case no	ing correct information out your spouse. If more space is need	ation. If you are f you are separ ded, attach a se Answer every o	e married and not rated and your spo eparate sheet to th	filing ouse	jointly is not t	, and your iling with y	d Debtor 2), both are equally spouse is living with you, you, do not include information fany additional pages, write
1.	Fill in your employ information.							
	If you have more th	an one		Debtor 1				Debtor 2 or non-filing spouse
	job, attach a separa		yment status					Employed
	with information aboadditional employe			☐ Not employe	ed			☐ Not employed
	additional omployo	Occup	ation	Accounting				_
	Include part-time, s or self-employed w		yer's name	Randstad				
	Occupation may inc student or homema applies.	Lilipio	yer's address	300 Tri State Number Street				Number Street
				Lincolnshire City		IL State	60069 Zip Code	City State Zip Code
		How Id	ong employed ti				,	, , , , , , , , , , , , , , , , , , , ,
	Part 2: Give Do	etails About Mo					_	
					ing to	report	for any line	e, write \$0 in the space. Include your
no	n-filing spouse unless	you are separated.						
-	you or your non-filing s u need more space, a	•		er, combine the info	ormat	ion for	all employe	ers for that person on the lines below. If
						For D	ebtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross payroll deductions) would be.				2.	;	\$3,466.67	
3.	Estimate and list r	monthly overtime p	ay.		3.	+	\$0.00	<u> </u>
4.	Calculate gross in	come. Add line 2	+ line 3.		4.		\$3,466.67	.

Official Form 106l Schedule I: Your Income page 1

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Deb	tor 1	Amanda	Scott			Case nu	mber	(if know	vn)			
		First Name	Middle Name Last Name									
					For Del	btor 1		or Debte				
							n	<u>on-filing</u>	g spouse	<u>. </u>		
	Сор	y line 4 here		4.	\$3	,466.67						
5.	List	all payroll ded	ductions:									
٠.			e, and Social Security deductions	5a.	9	\$437.67						
		-	•			\$0.00						
		-	ontributions for retirement plans	5b.								
		-	ntributions for retirement plans	5c.		\$0.00						
	5d.		ayments of retirement fund loans	5d.		\$0.00						
	5e.	Insurance		5e.		\$0.00						
	5f.	Domestic sup	pport obligations	5f.		\$0.00						
	5g.	Union dues		5g.		\$0.00						
	5h.	Other deduct	ions.			00.00						
		Specify:		5h. 🕂	•	\$0.00						
6.	Add 5g +	the payroll de 5h.	eductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f +	6.		\$437.67						
7.	Cald	culate total mo	onthly take-home pay. Subtract line 6 from line 4.	7.	\$3	,029.00						
8.	List	all other incor	me regularly received:									
•			rom rental property and from operating a	8a.		\$0.00						
	ou.		official property and from operating a	ou.		Ψ0.00						
			ment for each property and business showing , ordinary and necessary business expenses, and									
		-	hly net income.									
		the total mont	my net meeme.									
		Interest and o		8b.		\$0.00						
	8c.	Family suppo	ort payments that you, a non-filing spouse, or a	8c.		\$0.00						
		dependent re	gularly receive									
			ny, spousal support, child support, maintenance, ment, and property settlement.									
	04			8d.		¢0.00						
			nt compensation			\$0.00						
		Social Securi	•	8e.		\$0.00						
	8f.	_	ment assistance that you regularly receive									
			assistance and the value (if known) or any non-									
			ce that you receive, such as food stamps									
			er the Supplemental Nutrition Assistance Program)									
		or housing sul	osidies.	۰,								
		Specify:		- 8f.	-	\$0.00						
	8g.	Pension or re	etirement income	8g.		\$0.00						
	8h.	Other monthl	y income.									
		Specify:		_ 8h. 👍		\$0.00						
_				•		44.44						
9.	Add	all other inco	me. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	l	\$0.00						
							_					
10.	Cald	culate monthly	income. Add line 7 + line 9.	10.	\$3	,029.00	+			=	\$3,029.	.00
	Add	the entries in li	ine 10 for Debtor 1 and Debtor 2 or non-filing spouse.				L			L		
11.			ular contributions to the expenses that you list in S									
			ns from an unmarried partner, members of your housel	nold, yo	our depe	endents, you	ur roc	mmates	s, and oth	ner		
	frier	ds or relatives.										
	_											
	Do r	not include any	amounts already included in lines 2-10 or amounts that	at are n	ot availa	able to pay	expe	nses lis	ted in Sci	hedu	le J.	
	Spe	cify:							11.	+	\$0.	.00
	•	,							_	Г		_
12.			the last column of line 10 to the amount in line 11.						12.		\$3,029.	.00
			amount on the Summary of Your Assets and Liabilities	s and (Certain S	Statistical In	form	ation,			ombined	
	if IT 8	applies.								_	nonthly inco	ome
13	Dov	ou expect an	increase or decrease within the year after you file t	his fo	rm?						,	
	₩ ₩	No.	None.									
			HOIIG.									
	Ш	Yes. Explain:										

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Ē	ill in this inforn	nation to ider	tify your case:			N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Debtor 1	Amanda		Scott	I -	Check if the	his is: mended filing	
	Deptor 1	First Name	Middle Name	Last Name	-	A su	pplement showing	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			oter 13 expenses a wing date:	s or the
	United States Bankı	ruptcy Court for the	ne: NORTHERN DI	STRICT OF ILL	.INOIS	MM /	/ DD / YYYY	
	Case number (if known)				-	1011017	5571111	
_	fficial Form 10)6.J						
	chedule J: Yo		es					12/15
cor nar	rrect information. I	f more space is	ible. If two married peneeded, attach anothenswer every question.	er sheet to this f				
1.	Is this a joint cas	e?						
2.	No	Debtor 2 live in a s. Debtor 2 must endents?	separate household? file Official Form 106J- No Yes. Fill out this inf for each dependent	ormation De	Separate Householo pendent's relations btor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the dependents'				n		<u>11</u>	- ✓ Yes
	names.	ependents		<u>Da</u>	ughter		3	No
3.	Do your expense expenses of peopyourself and you	ple other than	✓ No ☐ Yes					
P	Part 2: Estima	ate Your Ong	oing Monthly Exp	enses				
to ı		of a date after t	nkruptcy filing date u he bankruptcy is filed	-	-		-	
			ash government assis on Schedule I: Your Ir				Your expens	ses
4.	The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.						4.	\$1,050.00
	If not included in	line 4:						
	4a. Real estate ta	axes					4a	
	4b. Property, hor	neowner's, or ren	ter's insurance				4b	
	4c. Home mainte	enance, repair, ar	nd upkeep expenses				4c	
	4d. Homeowner's	s association or o	ondominium dues				4d.	

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Debt	or 1	Amanda First Name	Middle Name	Scott Last Name	_ Case number (if k	.nown)
		riistivairie	iviluale Name	Lastivallie		Your expenses
			payments for your resid	ence, such as home equity loans	5.	
		ties:				
	6a.	Electricity, heat,	-		6a	
	6b.	, , , ,			6b	
	6c.	Telephone, cell p cable services	phone, Internet, satellite, a	nd	60	·
	6d.	Other. Specify:			6d	·
7.	Foo	d and housekeep	oing supplies		7.	\$250.00
8.	Chil	dcare and childre	en's education costs		8.	
9.	Clo	thing, laundry, an	d dry cleaning		9.	\$50.00
10.	Per	sonal care produ	cts and services		10	\$50.00
11.	Med	lical and dental e	xpenses		11	\$25.00
		nsportation. Inclu . Do not include o	ide gas, maintenance, bus ar payments.	or train	12	. \$80.00
		ertainment, clubs gazines, and bool	, recreation, newspapers	5,	13	\$19.00
14.	Cha	ritable contributi	ons and religious donati	ons	14	
		ırance.				
	Do r	not include insurar	nce deducted from your pa	y or included in lines 4 or 20.		
	15a	. Life insurance			15	a
	15b	. Health insurand	ce		15	b
	15c.	. Vehicle insuran	ce		15	c. \$105.00
	15d	. Other insurance	e. Specify:		15	d
16.			•	our pay or included in lines 4 or 20.	16	
17.	Inst	allment or lease	payments:			
	17a	. Car payments f	or Vehicle 1		17	a
	17b	. Car payments f	or Vehicle 2		17	b
	17c	Other. Specify:	day care/after schoo	l care	17	c. \$1,000.00
	17d	. Other. Specify:	:		17	d
			• .	support that you did not report as, Your Income (Official Form 106l).		
			make to support others	who do not live with you.		
	Spe	cify:			19	

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Deb	tor 1	Amanda		Scott	Case number (i	f kno	own)
		First Name	Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·		, -
20.		er real property ex edule I: Your Inco		in lines 4 or 5 of this form or	on		
	20a.	Mortgages on otl	her property			20a.	
	20b.	Real estate taxes	s			20b.	
	20c.	Property, homeo	wner's, or renter's insu	rance		20c.	·
	20d.	Maintenance, rep	pair, and upkeep exper	ises		20d.	
	20e.	Homeowner's as	sociation or condomini	um dues		20e.	
21.	Othe	er. Specify:			:	21.	+
22.	Calc	ulate your monthl	ly expenses.				
	22a.	Add lines 4 throu	ıgh 21.			22a.	\$2,629.00
	22b.	Copy line 22 (mo	onthly expenses for De	btor 2), if any, from Official For	rm 106J-2.	22b.	.
	22c.	Add line 22a and	1 22b. The result is you	ur monthly expenses.	:	22c.	\$2,629.00
23.	Calc	ulate your monthl	ly net income.				
	23a.	Copy line 12 (you	ur combined monthly ir	ncome) from Schedule I.		23a.	\$3,029.00
	23b.	Copy your month	nly expenses from line	22c above.		23b.	\$2,629.00
	23c.		onthly expenses from y r monthly net income.	our monthly income.		23c.	\$400.00
24.	Do y	ou expect an incr	ease or decrease in y	our expenses within the yea	r after you file this form?		
				or your car loan within the year a modification to the terms of y	, , ,	ge	
		No. Yes. Explain here None.	:				

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Fill in this info	Fill in this information to identify your case:					
Debtor 1	Amanda First Name	Middle Name	Scott Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOI	IS		
Case number (if known)						
Official Form	4000					

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$7,800.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$7,800.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$12,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$10,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$63,817.80
	Your total liabilities	\$85,817.80
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$3,029.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$2,629.00

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Debt	or 1	Amanda		Scott	Case number (if known)		
		First Name	Middle Name	Last Name			
Pa	rt 4:	Answer The	se Questions fo	r Administrative a	nd Statistical Records		
6.	Are yo	ou filing for bankru	uptcy under Chapter	rs 7, 11, or 13?			
	 No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ✓ Yes 						
7.	What I	kind of debt do yo	u have?				
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.						
	_		primarily consumer t with your other sche		ing to report on this part of the form. Check thi	s box and submit	
	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$2,125.00						
9.	Сору	the following spec	cial categories of cla	aims from Part 4, line 6	of Schedule E/F:		
					Total claim		
	From	Part 4 on Schedu	le E/F, copy the follo	owing:			

FIC	in Fait 4 on Schedule E/F, copy the following.		
9a.	Domestic support obligations. (Copy line 6a.)	-	\$0.00
9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	_	\$6,500.00
9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	_	\$0.00
9d.	Student loans. (Copy line 6f.)	_	\$32,560.00
9e.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	_	\$0.00
9f.	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+_	\$0.00
9g.	Total. Add lines 9a through 9f.		\$39,060.00

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Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	Amanda First Name	Middle Name	Scott Last Name	_
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
			SISTRICT OF ILLINOIS	
Case number (if known)				☐ Check if this is an amended filing
Official Form	106Dec			
Declaration	About an I	ndividual Debt	or's Schedules	12/15
Sig	gn Below			
Did you pay	or agree to pay s	someone who is NOT	an attorney to help you fi	ill out bankruptcy forms?
☑ No				
Yes. N	ame of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalt true and corr		eclare that I have read	the summary and sched	ules filed with this declaration and that they are
X <u>/s/ Aman</u> Amanda S	da Scott		X Signature of Debtor	2

Date <u>07/27/2016</u>

MM / DD / YYYY

Date

MM / DD / YYYY

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Eill in					
FIIIIIII	this information to ic	dentify your case:	:		
Debtor	1 <u>Amanda</u>		Scott		
	First Name	Middle Name	Last Name		
Debtor					
(Spous	e, if filing) First Name	Middle Name	Last Name		
United	States Bankruptcy Court for	the: NORTHERN D	ISTRICT OF ILLINOIS		
Case n	umber			☐ Check if this is an	
(if knov	vn)			amended filing	
Officia	al Form 107				
		Affaira far Ind	ividuals Filing for B	an legundose	04/
		7 111 111 111 111 111 111 111 111 111 1		anna aproy	
	ne and case namber (ii kii	own). Answer every	question.		
Part 1	•	,	question. Status and Where You Li	ved Before	
1. Wha	Give Details Abo	out Your Marital S		ved Before	
1. Wha	Give Details Abo	out Your Marital S		ved Before	
1. Wha	Give Details About at is your current marital sometimed Not married	out Your Marital S			
1. What is a second of the se	at is your current marital s Married Not married ring the last 3 years, have	out Your Marital S status? you lived anywhere o	status and Where You Li	?	
1. What is a second of the se	at is your current marital s Married Not married ring the last 3 years, have	out Your Marital S status? you lived anywhere o	status and Where You Li	?	
1. What is a second of the sec	at is your current marital so Married Not married ring the last 3 years, have No Yes. List all of the places you	out Your Marital S status? you lived anywhere o you lived in the last 3 you ever live with a spo	ether than where you live now ears. Do not include where you use or legal equivalent in a contract of the cont	?	
1. What is a second of the sec	at is your current marital so Married Not married ring the last 3 years, have No Yes. List all of the places your the last 8 years, did your munity property states and	out Your Marital S status? you lived anywhere o you lived in the last 3 you ever live with a spo	ether than where you live now ears. Do not include where you use or legal equivalent in a contract of the cont	? u live now. ommunity property state or territory?	

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Debtor 1	Amanda First Name	Middle Name	Scott Last Name	Case nur	nber (if known)		
Part 2	2: Explain th	e Sources of Yo	our Income				
Fill	in the total amount	of income you receiv	ent or from operating a bu yed from all jobs and all bus ncome that you receive toge	inesses, including par		endar years?	
	No Yes. Fill in the det	ails.					
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions	
	anuary 1 of the cur e you filed for bank	•	✓ Wages, commissions, bonuses, tips☐ Operating a business	\$15,000.00	Wages, commissions, bonuses, tips☐ Operating a business		
	last calendar year:		✓ Wages, commissions, bonuses, tips☐ Operating a business	\$22,000.00			
	calendar year before y 1 to December 31,		✓ Wages, commissions, bonuses, tips☐ Operating a business	\$34,000.00			
Inc une and							
$\overline{\mathbf{V}}$	t each source and the No Yes. Fill in the det		n each source separately. [Oo not include income	that you listed in line 4.		

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Deb	otor 1	Amanda	Middle News	Scott	Case number (if known)		
		First Name	Middle Name	Last Name			
P	art 3:	List Ce	ertain Payments You	Made Before You	Filed for Bankruptcy		
6.	Are either Debtor 1's or Debtor 2's debts primarily consumer debts?						
	□ No.		Debtor 1 nor Debtor 2 ha d by an individual primarily		debts. Consumer debts are defined in 11 U.S.C. § 101(8) as or household purpose."		
		During t	he 90 days before you filed	for bankruptcy, did you	pay any creditor a total of \$6,425* or more?		
		□ No.	Go to line 7.				
		☐ Yes.	total amount you paid that	creditor. Do not include	of \$6,425* or more in one or more payments and the de payments for domestic support obligations, such as payments to an attorney for this bankruptcy case.		
		* Subjec	ct to adjustment on 4/01/19	and every 3 years after	that for cases filed on or after the date of adjustment.		
	✓ Yes	. Debtor	1 or Debtor 2 or both have	e primarily consumer	debts.		
		During t	he 90 days before you filed	for bankruptcy, did you	pay any creditor a total of \$600 or more?		
		☑ No.	Go to line 7.				
		☐ Yes.		ayments for domestic s	of \$600 or more and the total amount you paid that support obligations, such as child support and alimony. this bankruptcy case.		
7.	Insiders corporat agent, in	include yo ions of whi ncluding on	our relatives; any general pa ich you are an officer, direc	artners; relatives of any tor, person in control, o	ment on a debt you owed anyone who was an insider? general partners; partnerships of which you are a general partner; r owner of 20% or more of their voting securities; and any managing 11 U.S.C. § 101. Include payments for domestic support obligations		
	✓ No ☐ Yes	. List all pa	ayments to an insider.				
8.		year befo	•	ey, did you make any լ	payments or transfer any property on account of a debt that		
	Include	payments of	on debts guaranteed or cos	igned by an insider.			
	✓ No ☐ Yes	. List all pa	ayments that benefited an i	nsider.			
		ا					
P	art 4:	Identify	y Legal Actions, Rep	ossessions, and F	oreciosures		
9.	List all s	uch matter	-		any lawsuit, court action, or administrative proceeding? tions, divorces, collection suits, paternity actions, support or custody		
	✓ No ☐ Yes	. Fill in the	e details.				

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Deb	otor 1	Amanda First Name	Middle Name	Scott Last Name	Case number (if k	nown)	
10.	Within				operty repossessed, foreclose	d, garnished, attach	ed,
		or levied? all that apply and fil	I in the details be	low.			
	_	Go to line 11. S. Fill in the information	ation below.				
11.		-		uptcy, did any creditor, i make a payment becau	including a bank or financial in se you owed a debt?	stitution, set off any	,
	✓ No	s. Fill in the details					
12.				otcy, was any of your pro ustodian, or another offi	operty in the possession of an icial?	assignee for the be	nefit of
	☑ No □ Yes	S					
Ρ	art 5:	List Certain	Gifts and Con	tributions			
13.	Within	2 years before you	u filed for bankru	ıptcy, did you give any ç	gifts with a total value of more	than \$600 per perso	n?
	✓ No ☐ Yes	s. Fill in the details	for each gift.				
14.		2 years before you charity?	u filed for bankru	ıptcy, did you give any ς	gifts or contributions with a tot	al value of more tha	n \$600
	☑ No □ Yes	s. Fill in the details	for each gift or co	ontribution.			
Р	art 6:	List Certain	Losses				
15.		1 year before you isaster, or gambli		otcy or since you filed fo	or bankruptcy, did you lose any	thing because of th	eft, fire,
	✓ No ☐ Yes	s. Fill in the details					
Р	art 7:	List Certain	Payments or	Transfers			
16.	anyone	you consulted ab	oout seeking ban	kruptcy or preparing a l	else acting on your behalf pay pankruptcy petition? eling agencies for services requir	, , , , , , , , , , , , , , , , , , ,	•
	□ No ✓ Yes	s. Fill in the details					
	bert J. A	Adams & Associ	ates	•	of any property transferred o fees on previous case	Date payment or transfer was made	Amount of payment
		kson, Suite 202				07/27/2016	\$400.00
Num	nber Str	eet					
Chi City	icago	IL State	60607 ZIP Code				
Ema	il or websit	te address					
Pers	on Who M	lade the Payment, if N	ot You				

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Deb	tor 1	Amanda	ACT III AT	Scott		Case number (if known)	
17.	Within 1	First Name I vear before vou f	Middle Name	Last Name did vou or anvone	e else acting o	n your behalf pay or transfer any	property to
	anyone	who promised to	help you deal with y	our creditors or to	_	nts to your creditors?	p p
		nclude any paymen	t or transfer that you l	isted on line 16.			
	✓ No ☐ Yes	. Fill in the details.					
18.			filed for bankruptcy e ordinary course of	· •		e transfer any property to anyonors?	e, other than
		ū	ers and transfers mad nsfers that you have a	• (a security interest or mortgage on y	your property).
	✓ No ☐ Yes	. Fill in the details.					
19.	you are		u filed for bankruptc These are often calle	• •		to a self-settled trust or similar o	device of which
	✓ No ☐ Yes	. Fill in the details.					
Pa	art 8:	List Certain F	inancial Accoun	ts, Instrument	s, Safe Depo	osit Boxes, and Storage Un	iits
20.			iled for bankruptcy, ed, or transferred?	were any financia	l accounts or i	instruments held in your name, o	r for your
			money market, or othoperatives, association			of deposit; shares in banks, credit u	unions, brokerage
	✓ No ☐ Yes	. Fill in the details.					
21.	-	now have, or did y ırities, cash, or otl		ar before you filed	l for bankrupto	cy, any safe deposit box or other	depository
	✓ No ☐ Yes	. Fill in the details.					
22.	Have yo	ou stored property	in a storage unit or	place other than y	our home with	nin 1 year before you filed for bar	nkruptcy?
	✓ No ☐ Yes	. Fill in the details.					
Pa	art 9:	Identify Prop	erty You Hold or	Control for So	meone Else)	
23.	-	hold or control an in trust for someo		eone else owns?	Include any pr	operty you borrowed from, are s	toring for,
	✓ No ☐ Yes	. Fill in the details.					

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Deb	otor 1	Amanda		Scott	Case number (if known)				
		First Name	Middle Name	Last Name					
Pa	art 10:	Give Detai	ils About Enviro	onmental Information	1				
For	the purp	oose of Part 10	, the following defi	nitions apply:					
ł	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
		-		rty as defined under any on it, including disposal site	environmental law, whether you now own, operate, or es.				
				nvironmental law defines a contaminant, or similar it	as a hazardous waste, hazardous substance, toxic em.				
Rep	ort all n	otices, release	s, and proceedings	that you know about, rec	gardless of when they occurred.				
24.	Has an law?	y governmenta	l unit notified you t	hat you may be liable or p	potentially liable under or in violation of an environmental				
	☑ No	s. Fill in the deta	ails.						
25.	☑ No	ou notified any		of any release of hazardo	ous material?				
26.	Have you		/ in any judicial or	administrative proceeding	g under any environmental law? Include settlements and				
	☑ No □ Yes	s. Fill in the deta	ails.						
P	art 11:	Give Detai	ils About Your I	Business or Connect	ions to Any Business				
27.	Within busines	-	you filed for bankr	uptcy, did you own a busi	iness or have any of the following connections to any				
		A member of a A partner in a An officer, dire	a limited liability com partnership ector, or managing e	in a trade, profession, or on a pany (LLC) or limited liabil executive of a corporation ing or equity securities of a					
	<u> </u>		pove applies. Go to tage and file	Part 12. Il in the details below for ea	ach business.				
28.		•	you filed for bankr s, creditors, or oth		ncial statement to anyone about your business? Include				
	□ No	s. Fill in the deta	ails below						

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Debtor 1	Amanda		Scott	Case number (if known)
	First Name	Middle Name	Last Name	
Part 12	Sign Belov	W		
that answe	ers are true and only fraud in conne	correct. I understand t	hat making a false state	tachments, and I declare under penalty of perjury ement, concealing property, or obtaining money or es up to \$250,000, or imprisonment for up to 20 years,
X /s/ Amanda Scott Amanda Scott, Debtor 1			X Signature of Deb	tor 2
Date _	07/27/2016		Date	
Did you at	tach additional p	ages to Your Statemen	nt of Financial Affairs fo	r Individuals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes				
Did you pa	ay or agree to pa	y someone who is not	an attorney to help you	fill out bankruptcy forms?
✓ No	Jama of parace			Attach the Popler Intol Polition Property Nation
☐ res. N	Name of person _			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

+	\$75	filing fee administrative fee trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+		filing fee administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

ın	re Amanda Scott	Case No.
		Chapter 13
	DISCLOSURE OF COMPENSATION O	OF ATTORNEY FOR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that compensation paid to me within one year before the filing of the services rendered or to be rendered on behalf of the debtor(s) in cois as follows:	ne petition in bankruptcy, or agreed to be paid to me, for
	For legal services, I have agreed to accept	\$3,500.00
	Prior to the filing of this statement I have received	
	Balance Due	\$3,500.00
2.	The source of the compensation paid to me was: ☐ Other (specify)	
3.	The source of compensation to be paid to me is:	
	✓ Debtor ☐ Other (specify)	
4.	✓ I have not agreed to share the above-disclosed compensation associates of my law firm.	n with any other person unless they are members and
	I have agreed to share the above-disclosed compensation with associates of my law firm. A copy of the agreement, together compensation, is attached.	
5.	In return for the above-disclosed fee, I have agreed to render legal	al service for all aspects of the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice bankruptcy;	e to the debtor in determining whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of a	affairs and plan which may be required;
	c. Representation of the debtor at the meeting of creditors and cor	enfirmation hearing, and any adjourned hearings thereof;

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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

> 07/27/2016 /s/ Robert J. Adams & Associates

Date Robert J. Adams & Associates Robert J Adams & Associates 901 W Jackson Suite 202

> Chicago, IL 60607 Phone: (312) 346-0100 / Fax: (312) 346-6228

Bar No. 0013056

/s/ Amanda Scott

Amanda Scott

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Amanda Scott CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

	The above named Debtor	hereby verifies that	at the attached list	t of creditors is tru	e and correct to the	he best of his/her
know	rledge.					

Date	7/27/2016	Signature	/s/ Amanda Scott manda Scott
Date		Signature	

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Aargon Agency, Inc. 3160 S. Valley View, Ste. 206 Las Vegas, NV 89102

Armor Systems Co. 1700 Kiefer Dr., Ste. 1 Zion, IL 60099

Bridgecrest Formerly Drivetime PO BOX 29018 Phoenix, AZ 85038

Buckingham Management

Byron Fetter

Certified Services 1733 Washington St. Ste. 2 Waukegan, IL 60085

Chicago Acceptance LLC 6231 N Western Ave Chicago, IL 60659

City of Waukegan PO Box 457 Wheeling, IL 60090

ComEd PO Box 6111 Carol Stream, IL 60197 DIRECT TV P.O Box 6414 Carol Stream, IL 60197

Illinois Tollway 2700 Ogden Avenue Downers Grove, IL 60515

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Northwest Collectors Inc. 3601 Algonquin Rd. Ste. 500 Rolling Meadows, IL 60008-3146

PNC Bank 1802 Belveder St. Waukegan, IL 60085

Recovery Management Service 4200 Cantera Dr #211 Warrenville, IL 60555

Robert J. Adams & Associates 901 W. Jackson, Suite 202 Chicago, IL 60607

Santander Consumer P.O Box 105255 Atlanta, GA 30348-5255

SW Credit Systems 4120 International PKYSTE 1100 Carrollton, TX 75007

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US Department of Education 2401 International PO Box 7859 Madison WI 53704 Case 16-24114 Doc 1 Filed 07/27/16 Entered 07/27/16 14:58:03 Desc Main Document Page 57 of 67

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Amanda Scott CASE NO

Debtor

SOCIAL SECURITY NO. xxx-xx-2104

CHAPTER 13

ORDER TO EMPLOYER TO PAY THE TRUSTEE

UPON REPRESENTATIONS OF THE TRUSTEE, OR OTHER INTERESTED PARTIES, THE COURT FINDS THAT:

The above named debtor has pending in this Court a case for adjustment of debts by an individual with regular income under the provisions of Chapter 13 of Title 11 U.S.C. and pursuant to the provisions of said statute and of the debtor's plan, the debtor has submitted all of such portion of the debtor's future earnings or other future income to the supervision and control of the trustee of this Court as may be necessary for the execution of the debtor's plan; and

That under the provisions of Title 11 U.S.C., this Court has exclusive jurisdiction of all property including the earnings from such services performed by the debtor during the pendency of this case pursuant to 11 U.S.C. § 1325(b) any entity from whom the debtor receives income shall pay all or any part of such income to the trustee as may be ordered by this Court. A portion of the debtor's earnings are necessary for the execution of the debtor's plan.

NOW, THEREFORE, IT IS ORDERED that until further order of this Court or until notice that this case has been dismissed or converted to Chapter 7 of the Bankruptcy Code is received, the employer of said debtor

Randstad 300 Tri State Lincolnshire, IL 60069

shall deduct from the earnings of the debtor the sum of	\$92.31 Weekly
period for which the debtor receives periodic or lump sum	order and deduct a similar amount for each pay period thereafter, including any payment for or on account of vacation, termination or other benefits arising er shall remit forthwith the sums so deducted to the trustee appointed here or
IT IS FURTHER ORDERED, that said employer noti for such termination.	fy said trustee if the employment of said debtor is terminated and the reason
provisions of any laws of the United States, the laws of any	ages of the debtor, except the amounts required to be withheld by the y state or political subdivision, or by an insurance pension or union dues der of this Court be paid to the aforesaid debtor in accordance with employer's
IT IS FURTHER ORDERED, that no deductions for not specifically authorized by this Court be made from the	account of any garnishment, wage assignment, credit union or other purpose earnings of the debtor.
IT IS FURTHER ORDERED, that this order superse cause.	des any and all previous orders, if any, made to the subject employer in this
Date	

United States Bankruptcy Judge

Case 16-24114 Doc 1 Filed 07/27/16 Entered 07/27/16 14:58:03 Desc Main NORTHERN DISTRICT OF ILLINOIS Page 58 of 67 **EASTERN DIVISION (CHICAGO)**

Aargon Agency, Inc. 3160 S. Valley View, Ste. 206 2700 Ogden Avenue Las Vegas, NV 89102

Illinois Tollway Downers Grove, IL 60515

Armor Systems Co. 1700 Kiefer Dr., Ste. 1 Zion, IL 60099

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Bridgecrest Formerly Drivetime PO BOX 29018 Phoenix, AZ 85038

Northwest Collectors Inc. 3601 Algonquin Rd. Ste. 500 Rolling Meadows, IL 60008-3146

Buckingham Management

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Byron Fetter

Recovery Management Service 4200 Cantera Dr #211 Warrenville, IL 60555

Certified Services 1733 Washington St. Ste. 2 Waukegan, IL 60085

Robert J. Adams & Associates 901 W. Jackson, Suite 202 Chicago, IL 60607

Chicago Acceptance LLC 6231 N Western Ave Chicago, IL 60659

Santander Consumer P.O Box 105255 Atlanta, GA 30348-5255

City of Waukegan PO Box 457 Wheeling, IL 60090 SW Credit Systems 4120 International PKYSTE 1100 Carrollton, TX 75007

ComEd PO Box 6111 Carol Stream, IL 60197

US Department of Education 2401 International PO Box 7859 Madison WI 53704

DIRECT TV P.O Box 6414 Carol Stream, IL 60197

IN RE: Amanda Scott CASE NO

CHAPTER 13

Scheme Selected: State

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Motor vehicles (cars, etc.)	\$7,000.00	\$12,000.00	\$0.00	\$0.00	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$300.00	\$0.00	\$300.00	\$300.00	\$0.00
7.	Electronics	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$400.00	\$0.00	\$400.00	\$400.00	\$0.00
12.	Jewelry	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13.	Non-farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Unlisted pers. and household itemsincl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$75.00	\$0.00	\$75.00	\$75.00	\$0.00
17.	Deposits of money	\$25.00	\$0.00	\$25.00	\$25.00	\$0.00
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

IN RE: Amanda Scott CASE NO

> CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

TOTALS:

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

No. 29.	Category Family support	Property Value	Encumbrances			
	Family support		Encumbrances	Equity	Exempt	Non-Exempt
30.	r army capport	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18.	Cropseither growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\$7,800.00

\$12,000.00

\$800.00

\$800.00

\$0.00

IN RE: Amanda Scott CASE NO

> CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

Surrendered Property:

TOTALS:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description		Market Value	Lie	n Equity
Real Property				
(None)				
Personal Property				
(None)				
TOTALS:		\$0.00	\$0.0	00 \$0.00
Non-Exempt Property by Item: The following property, or a portion thereof, is non-exempt.				
Property Description	Market Value	Lien	Equity	Non-Exempt Amount
Real Property				
(None)				
Personal Property				
(None)				
TOTALS:	\$0.00	\$0.00	\$0.00	\$0.00

Summary	
A. Gross Property Value (not including surrendered property)	\$7,800.00
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$7,800.00
D. Gross Amount of Encumbrances (not including surrendered property)	\$12,000.00
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$12,000.00
G. Total Equity (not including surrendered property) / (A-D)	\$800.00
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$800.00
J. Total Exemptions Claimed	\$800.00
K. Total Non-Exempt Property Remaining (G-J)	\$0.00

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Aargon Agency, Inc. 3160 S. Valley View, Ste. 206 2700 Ogden Avenue

Illinois Tollway Las Vegas, NV 89102 Downers Grove, IL 60515

Armor Systems Co. 1700 Kiefer Dr., Ste. 1 Zion, IL 60099

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Bridgecrest Formerly Drivetime Northwest Collectors Inc. PO BOX 29018 Phoenix, AZ 85038

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Buckingham Management

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Byron Fetter

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Certified Services 1733 Washington St. Ste. 2 901 W. Jackson, Suite 202 Waukegan, IL 60085

Robert J. Adams & Associates Chicago, IL 60607

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City of Waukegan PO Box 457 Wheeling, IL 60090

SW Credit Systems 4120 International PKYSTE 1100 Carrollton, TX 75007

ComEd PO Box 6111 Carol Stream, IL 60197

US Department of Education 2401 International PO Box 7859 Madison WI 53704

DIRECT TV P.O Box 6414 Carol Stream, IL 60197 Case 16-24114 Doc 1 Filed 07/27/16 Entered 07/27/16 14:58:03 Desc Main Document Page 63 of 67

Robert J. Adams & Associates, Bar No. 0013056 Robert J Adams & Associates 901 W Jackson Suite 202 Chicago, IL 60607 (312) 346-0100 Attorney for the Petitioner

Waukegan, IL 60085

UNITED STATES BANKRUPTCY COURT FOR THE

NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re:	Case No.:
Amanda Scott	SSN: _xxx-xx-2104
	SSN:
Debtor(s)	Numbered Listing of Creditors
Address:	
2621 Kennedy Dr.	Chapter: 13
North Chicago, IL 60064	

	Creditor name and mailing address	Category of claim	Amount of claim
1.	Aargon Agency, Inc. 3160 S. Valley View, Ste. 206 Las Vegas, NV 89102	Unsecured Claim	\$310.00
2.	Armor Systems Co. 1700 Kiefer Dr., Ste. 1 Zion, IL 60099	Unsecured Claim	\$3,025.00
3.	Bridgecrest Formerly Drivetime PO BOX 29018 Phoenix, AZ 85038	Secured Claim	\$12,000.00
4.	Buckingham Management xxxx1288	Unsecured Claim	\$1,934.00
5.	Byron Fetter xxxM567	Unsecured Claim	\$1,530.00
6.	Certified Services 1733 Washington St. Ste. 2	Unsecured Claim	\$69.00

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in re: Amanda Scott

	Debtor		Case No. (if known)
	Creditor name and mailing address	Category of claim	Amount of claim
7.	Chicago Acceptance LLC 6231 N Western Ave Chicago, IL 60659	Unsecured Claim	\$6,702.00
8.	City of Waukegan PO Box 457 Wheeling, IL 60090	Unsecured Claim	\$200.00
9.	ComEd PO Box 6111 Carol Stream, IL 60197	Unsecured Claim	\$615.00
10.	DIRECT TV P.O Box 6414 Carol Stream, IL 60197	Unsecured Claim	\$489.00
11.	Illinois Tollway 2700 Ogden Avenue Downers Grove, IL 60515	Unsecured Claim	\$2,866.80
12.	Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	Priority Claim	\$6,500.00
13.	Northwest Collectors Inc. 3601 Algonquin Rd. Ste. 500 Rolling Meadows, IL 60008-3146	Unsecured Claim	\$1,280.00
14.	PNC Bank 1802 Belveder St. Waukegan, IL 60085	Unsecured Claim	\$500.00
15.	Recovery Management Service 4200 Cantera Dr #211 Warrenville, IL 60555	Unsecured Claim	\$779.00

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	Amanda Scott Debtor		Case No. (if known)	
	Creditor name and mailing address	Category of claim	Amount of claim	
16.	Robert J. Adams & Associates 901 W. Jackson, Suite 202 Chicago, IL 60607	Priority Claim	\$3,500.00	
17.	Santander Consumer P.O Box 105255 Atlanta, GA 30348-5255	Unsecured Claim	\$10,343.00	
18.	SW Credit Systems 4120 International PKYSTE 1100 Carrollton, TX 75007	Unsecured Claim	\$615.00	
19.	US Department of Education 2401 International PO Box 7859 Madison WI 53704	Unsecured Claim	\$32,560.00	
	e penalty for making a false statement or concealing p U.S.C. secs. 152 and 3571.)	roperty is a fine of up to \$500,000 or impriso	onment for up to 5 years or both.	
l, <u>/</u>	Amanda Scott		,	
	ned as debtor in this case, declare under penalty of pe		_	
con	sisting of3 sheets (including this declaration),	and that it is true and correct to the best of	my information and belief.	
	Debtor: /s/ Amanda Scott	Date: 7/27/2016		

Amanda Scott

IN RE: Amanda Scott CASE NO.

CHAPTER 13

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on July 27, 2016, a copy of the attached Chapter 13 Plan, with any attachments, was served on each party in interest listed below, by placing each copy in an envelope properly addressed, postage fully prepaid in compliance with Local Rules.

Date: 7/27/2016 /s/ Robert J. Adams & Associates

Robert J. Adams & Associates

Attorney for the Debtor(s)

Aargon Agency, Inc. 3160 S. Valley View, Ste. 206

Las Vegas, NV 89102

Byron Fetter xxxM567

DIRECT TV P.O Box 6414

Carol Stream, IL 60197

Amanda Scott 2621 Kennedy Dr. North Chicago, IL 60064 Certified Services 1733 Washington St. Ste. 2 Waukegan, IL 60085 Illinois Tollway 2700 Ogden Avenue Downers Grove, IL 60515

Armor Systems Co. 1700 Kiefer Dr., Ste. 1 Zion, IL 60099 Chicago Acceptance LLC 6231 N Western Ave Chicago, IL 60659 Internal Revenue Service PO Box 7346

Philadelphia, PA 19101-7346

Bridgecrest Formerly Drivetime

PO BOX 29018 Phoenix, AZ 85038 City of Waukegan PO Box 457 Wheeling, IL 60090

Northwest Collectors Inc. 3601 Algonquin Rd. Ste. 500 Rolling Meadows, IL 60008-3146

Buckingham Management xxxx1288

ComEd PO Box 6111 Carol Stream, IL 60197 PNC Bank 1802 Belveder St. Waukegan, IL 60085

IN RE: Amanda Scott CASE NO.

CHAPTER 13

CERTIFICATE OF SERVICE

(Continuation Sheet #1)

Recovery Management Service 4200 Cantera Dr #211 Warrenville, IL 60555

Santander Consumer P.O Box 105255 Atlanta, GA 30348-5255

SW Credit Systems 4120 International PKYSTE 1100 Carrollton, TX 75007

US Department of Education 2401 International PO Box 7859 Madison WI 53704